

# Agency Benefits Coordinator Meeting Cancel Request Form/ SQE

## **Special Enrollment Provisions**

 Defined: The federal law, HIPAA, allows employees and dependents to enroll in coverage under certain conditions outside the annual Open Enrollment Period.

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things you should know about Special Enrollment Provisions



#### **Life Events**

- Life Events are qualifying events that result in adding dependents that are newly eligible. Examples:
  - Marriage Event
  - Birth/Adoption







## **Special Qualifying Events**

Enrollments that are a result of loss of coverage under another plan:





#### What Forms to Submit?

- Enrollment Change Application: This form should be used to enroll or make changes to coverage.
- Cancel Request Form: This form should be used to terminate coverage.
- Both forms list life event reasons and special qualifying event reasons because the employee is permitted to enroll or cancel under these provisions.
- When enrolling an employee or dependent due to a SQE or Live Event the application must be submitted within 60 days of the event.



## Old vs. New: Enrollment Change Application

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## Old vs. New: Cancel Request Form







### STATE OF TENNESSEE GROUP INSURANCE PROGRAM INSURANCE CANCEL REQUEST APPLICATION State of Tennessee - Department of Finance and Administration - Benefits Administration 312 Rosa L. Parks Avenue - Suite 1900 - Nashville, TN 37243 - Faxe 615.741.8196

FOR HEALTH
FOR EMPLOYEE

HED STATE DIOCALED DIOCALGOV PART 1 — PARTICIPANT(S) CANCELING COVERAGE (ATTACH A SEPARATE SHEET IF NECESSARY) Irrequest to cancel | medical | dental | DSTD | LTD | LYbion | PSA/medical | DSSA/dep care | DSSA/imited | Voluntary AD&D coverage on the participant(s) below due to: Reason marked in Part 2 below Prepaid dental: no participating general dentist within a 40-mile radius of my home (skip Parts 2 and 3 below) Disability; requires 30 days advance written notice (skip Parts 2 and 3 below) ☐ Employee ☐ Spouse ☐ Child(ren) (names): INSTRUCTIONS You and/or your dependent(s) may only cancel coverage under the state group insurance program during the annual enrollment period except for one of the following events. (Note: STD and/or LTD may be canceled during the year for any reason.) 1. You and/or your dependent(s) may cancel coverage if you lose eligibility or qualify to cancel for one of the reasons listed below. Only persons who qualify may cancel. You have 60 days from a qualifying event to submit documentation. 2. If enrolled in the prepaid dental option and there is no participating general dentist within a 40-mile radius of your home. The coverage end date will be the last day of the month that this form is received by Senefits Administration. The purchase of a private policy is not a reason for cancellation of this coverage. Submit all documents to your agency benefits coordinator. PART 2 - REASON TO REQUEST TO CANCEL DOCUMENTATION REQUIRED Marriage, divorce, legal separation, annulment Copy of marriage certificate or divorce decree or legal paperwork signed by Judge and proof of other coverage (see #1 above) Birth, adoption, placement for adoption Copy of birth certificate or adoption documents and proof of other coverage (see #1 above) Death of spouse, dependent Copy of death certificate New employment, return from unpaid leave, change Letter on employer's company letterhead certifying date of insurance eligibility, date of from part-time to full-time employement (spouse or return from unpaid leave or change in employment status Entitlement to Medicare, Medicaid, TRICARE Letter of entitlement from Medicare, Medicald or TRICARE or copy of new ID card Court decree or order Copy of court decree or order signed by Judge Open enrollment Letter, on company letterhead, certifying date of eligibility for other coverage A change in your place of residence or workplace out of Letter stating date of location change with member's new address the national service area (i.e., move out of the U.S.) Marketplace Enrollment I attest that I am enrolled or intend to enroll in the Marketplace PART 3 — REQUESTED COVERAGE END DATE LAST DAY COVERAGE TO BE ACTIVE (MM/DD/YY) The coverage end date may either be the last day of the month prior to the eligibility date of other coverage or the last day of the month that the event occurred.

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# **Questions?**



